# RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-009455
STATE FILE NUMBER

FILED VS MAR 14 1960 32+ Registration District No. ____ Primary Registration District No. 6093 Registrar's No. 56

DED

1. PLACE OF DEATH
a. COUNTY SALINE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MARSHALL
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Marshall State School
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY SALINE
c. CITY OR TOWN MARSHALL
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) LYNCH TRAIL COURT / M E MARSHALL
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First HARRY Middle CECIL Last BRYANT
4. DATE OF DEATH Month 3 Day 10 Year 1960
5. SEX MALE
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH OCT 16, 1900
9. AGE (last birthday) 59
IF UNDER 1 YEAR Months ____ Days ____ IF UNDER 24 HR Hours ____ Min. ____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ATTENDENT
10b. KIND OF BUSINESS OR INDUSTRY Marshall State School
11. BIRTHPLACE (City and state or country) Chariton Co, Mo
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME DANIEL A. BRYANT
13b. MOTHER'S MAIDEN NAME MARY E REID
14. NAME OF HUSBAND OR WIFE MARY. M. (Dec)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) X
16. SOCIAL SECURITY NO.
17. INFORMANT L.M. BRYANT Address 705 WATERS CARROLLTON, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ____
DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from March 10, 60 to March 10, 60 and last saw him alive on —
Death occurred at 6:10 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE (Degree or title) Anthony B. Day M.D.
22b. ADDRESS Marshall State School Marshall, Mo.
22c. DATE SIGNED 3.10.60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 3-12-1960
23c. NAME OF CEMETERY OR CREMATORY ROTHVILLE Cemetery
23d. LOCATION (City, town, or county) ROTHVILLE (State) Mo

24. FUNERAL DIRECTOR ADDRESS GIBSON FUNERAL HOME CARROLLTON, Mo
25. DATE RECD. BY LOCAL REG. 3-10-'60
26. REGISTRAR'S SIGNATURE Cecil G. Read

(Licensed Embalmer's Statement on Reverse Side)

AUG 3 0 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Jack M. Rosen

Licensed Embalmer No. 4643

P. O. Address Marshall

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.